



Name of Person Filing Frank Riley	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Jelco Ventures"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 202"/></p> <p>Street <input type="text" value="601 E. Hopkins"/></p> <p>City <input type="text" value="Aspen"/></p> <p>State <input type="text" value="Colorado"/> ZIP Code + 4 <input type="text" value="81611"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Outsourced Work Dues Program services included."/></p> <p>1. Data entry staff 2. Mailroom staff 3. Computer back-up 4. Work Dues Program storage 5. Chicago office</p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$204,000"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Poinsetta at Christmas time."/></p> <p>12.b. Amount. <input type="text" value="\$30"/></p>

<p>C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Chicago Area Laborers-Employers Coop &amp; Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 302</p> <p>Street 999 McClintock Drive</p> <p>City Burr Ridge</p> <p>State Illinois ZIP Code + 4 60527-0844</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>A Labor-Management Organization</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>\$40.00 for cost of Safety Award Luncheon held annually for laborers chosen by their employers for their high standards on safety.</p> <p>\$58.00 briefcase at Christmas time.</p> <p>\$48.00 sausage gift pack at Christmas time.</p> <p>12.b. Amount. \$146</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Dowd, Bloch &amp; Bennett</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 19th Floor</p> <p>Street 8 S. Michigan Ave.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Laborers' Welfare, Pension &amp; Training Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11465 Cermak Rd.</p> <p>City Westchester</p> <p>State Illinois ZIP Code + 4 60154</p>	<p>11.a. Nature of such dealing.</p> <p>Serves as co-counsel on funds. Supplies legal services to the District Council and locals within the council.</p> <p>See attached</p> <p>11.b. Approximate dollar value of such dealing. \$479,049</p> <p>12.a. Nature of interest held or income received.</p> <p>Box of popcorn at Christmas time.</p> <p>12.b. Amount. \$27</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

**Attachment to Form LM-30 Year Ending 12/31/04**

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11.b Approximate dollar value of such dealing (Dowd, Bloch & Bennett with Labor Organization and related trust funds):

<b>Name</b>	<b>Amount</b>
Laborers' District Council (Includes General, Strike & Organizing, Initial Contact, and Collection.)	\$ 278,136.98
LECET	\$ 123.75
Laborers' Pension Fund	\$ 89,578.29
Laborers' Welfare Fund	\$ 103,251.24
Laborers' Training & Apprentice Funds	\$ 7,959.22
<b>TOTAL</b>	<b>\$ 479,049.48</b>